

## Department of Intellectual and Developmental Disabilities

### Provider Claims Processing (PCP) User Account Requirements

*Paying careful attention to and fulfilling all of these requirements will allow Providers to actively participate in protecting the electronic protected health information (ePHI) of persons they support and will enable them to avoid sanctions for non-compliance.*

#### Login IDs

- Each account is to be associated with a unique user and associated unique user login ID.
- More than one person using a shared login ID is strictly prohibited.
- The user's login ID is to be their Provider-assigned email address.

#### Passwords

- Each user must create their own unique password and may never share the password with anyone else.
  - Using assigned or shared passwords is strictly prohibited.
- Changing the password back to the default password (the one given when the account is set up) is strictly prohibited.
- When a password is required to be changed, a new password must be created. Using the old password—or simply adding one or more numbers, letters or characters to it—is not allowed.
- Real words are not to be used in passwords. Passwords shall not be names of persons or places; they shall not be words that can be found in a dictionary.
  - However, substitutions of characters for letters may be used to render a real word unrecognizable by a computer. (E.g. 'Lind@' for 'Linda').
- Passwords shall have the following characteristics:
  - Must be 8-10 characters long.
  - Must contain at least one number, one upper case and one lower case letter, and one special character (a character that appears above a number on a key on the keyboard).
  - Must not be a password the user has previously used in PCP in the past.
  - Must not be in any way associated with the name or location of the Provider.

#### Requests for User Activation/Deactivation

As of December 2, 2015, if a Provider needs to request PCP access for a billing staff member, the Executive Director must submit a 'Request for Staff Login ID/DIDD Provider Claims Processing' form to [DIDD\\_Billing.ACR@tn.gov](mailto:DIDD_Billing.ACR@tn.gov).

If a staff member no longer requires access, the Provider must *immediately* notify DIDD by submitting the 'Login ID Change Request/DIDD Provider Claims Processing' form to [DIDD\\_Billing.ACR@tn.gov](mailto:DIDD_Billing.ACR@tn.gov). Reasons for terminating access would include: employee leaves the provider's service; a change in the employee's job responsibilities. This form is also used to request a role change (e.g. from 'Staff' to 'Supervisor').

The Login ID and change request forms will be found on the [DIDD Provider website](#) under 'Tools & Forms'.